



MONTANA

COMMISSIONER OF SECURITIES AND INSURANCE, OFFICE OF STATE AUDITOR ZERO PREMIUM SURPLUS LINES 2011 REPORTING FORM

I, _____
Name of Surplus Lines Agent (Print) MT Surplus lines License #

affiliated with _____
Name of Insurance Agency

Business Phone Number

Email Address

Pursuant to the Commissioner's instructions I am reporting that I produced zero premium for surplus lines policies and/or surplus lines endorsements for risks located in or required to be filed with the State of Montana in calendar year 2011.

Name of Person Completing the Form (Print)

Contact Phone Number

Title of Person Completing the Form (Print)

Signature of the Person Completing the Form

Date

This completed form may either be faxed or emailed to Tim Morris at 406-444-3497 or tmorris@mt.gov or a hard copy mailed to

Office of Commissioner of Securities and Insurance
Montana State Auditor
Examinations Bureau
840 Helena Avenue
Helena, MT 59601